PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

1095-1068 1

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL	ENTITY	
			-50 y E			Ž. et s		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	355.00	OR	BASIC FEE	710.00	
┝	OTAL CHARGE	//s minus 20=		*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			2-minus 3 =		*			X40=		OR	X80=		
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+135=		OR	+270=		
* 11	the difference	∍ in column 1 is	less than z	ess than zero, enter "0"		column 2	l	TOTAL		OR	TOTAL	7 / 11	
CLAIMS AS AMENDED - PAR					TII			. •	<u> </u>] ~	OTHER	7.00 THAN	
		(Column 1)	Section Co.	(Colur		(Column 3) SMALL E			ENTITY OR		SMALL ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	· — ··	=		X\$ 9=		OR	X\$18=		
AM	Independent FIRST PRESE	I* ENTATION OF MI	Minus ULTIPLE DE	*** PENDENT	CLAIM	=		X40=		OR	X80=		
•					OLI III.			+135=		OR	+270=		
		•					- A	TOTAL DDIT. FEE		OR	TOTAL ADDIT: FEE		
(Column 1) (Column 2) (Column 3)											NUUII.1 EE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Q	Total		Minus	**		=		X\$ 9=	<i>;</i>	OR	X\$18=		
AME	Independent	**************************************	Minus	***		=	T	X40=		OR	X80=		
ل <u>نــ</u> :	FINOI FRESE	NTATION OF MU	ILI IPLE DEF	PENDENI	CLAIM			+135=			+270=		
: ` <u>.</u> *							L	TOTAL		OR	TOTAL	• .	
		(O-1,		10 Jan	•		Αſ	ODIT. FEE		OR ,	ADDIT. FEE		
ပ		(Column 1) CLAIMS		(Colum	EST	(Column 3)	_						
MENT		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MEN	Total	*	Minus	**		= -		X\$ 9=		OR	X\$18=	· 7	
	Independent	NTATION OF MU	Minus	***			r	X40=		OR	X80=		
	TINOT PRESE	NTATION OF MO	LIPLE DEP	ENDENT	CLAIM		H	+135=		ı			
• if	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
	he "Highest Num!	ber Previously Paid	i For" (Total or	Independer	nt) is the f	highest number	found	in the app	ropriate box	in colu	ımn 1.		

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CFR 1.136	(a) will.	not be ner	Titted	ATE OF HAILING ension of this Failure to respond	30 day per	icd under		
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dependent				dditional claim	s and/or =	ultiple		
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ATTACIOAZENT: PORI	W PTD-FTK			4		•		
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APPLICANT:	PLEASE CO			AND RETURN THIS		TH PAYKE		
Pee submit				Signature				
			ERTIFICATE O		•			
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Signatures

Print Name:

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